

**KENNEBEC CONSORTIUM FOR SCHOOL ADMINISTRATORS
CHECKLIST FOR COMPLETED ADMINISTRATOR RECERTIFICATION PLAN**

(To be completed By Mentor* and Submitted with Completed ARP)

Candidate's Name:

School District:

Mentor's Name:

School District:

AAP Component	Yes	No	Comments:
1. INTENT TO RENEW COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>	
2. COPY OF CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	
3. CHART			
1.1 Have all activities associated with each standard been satisfactorily Completed?	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Is the documentation which demonstrates successful completion of the number of hours attached?	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 Is mentor's signature on the chart verifying 90 hours?	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Mentor:

Date